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Ø 001/017



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## FACSIMILE TRANSMITTAL SHEET

To:

Examiner Uyen T. Ho

FIRM/COMPANY:

Mail Stop amendment

FACSIMILE NUMBER:

571 273 8300

CONFIRMATION

TELEPHONE:

571 272 4696

FROM:

Ruth Der, Paralegal

DIRECT DIAL:

415.957-3031

DATE:

May 2, 2007

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Atty. Docket No. R0378-00101, Serial No. 10/621,126

TOTAL # OF PAGES: (INCLUDING COVERSHEET)

17

MESSAGE:

Attached is Supplemental Amendment And Response To Office

Action Mailed 02/01/2007.

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Ø 002/017

IN THE UNITED STATES PATENT AND T In re the application of Sirhan et al.	PATENT RADEMARK OFFICE  Examiner: Uyen T. Ho
For: METHOD AND DEVICE FOR THE TREATMENT OF VULNERABLE TISSUE SITE	Group Art Unit: 3731
Serial No.: 10/621,126  Filed: July 16, 2003	) TRANSMITTAL )
Atty. Docket No.: R0378-00101	
CERTIFICATE OF MAILING/FACSIMILE PURSUAL I hereby certify that these papers are being sent by facsimile to (571) 273-8300, addressed Commissioner for Patents, P.O. Box 1450, Alexandria, Va 22313-1450, on	to Cusmine the matter state and
Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	

1. Transmitted herewith for filing in the above-identified patent application is an Supplemental Amendment And Response to Office Action Mailed 02/01/2007.

2. Claim Fee Calculation

Dear Sir:

\_X\_ No additional claim fee is required.

Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description .	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	1-6=	0 x	\$100=	\$-0-
Total Claims	2202	10 - 94 =	0 x	\$25=	\$-0-

Total Fees Due..... \$-0-

3. Payment of Fees

There is no fee due. Should the commissioner find otherwise, the Commissioner is authorized to charge the fees associated with this communication and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0378-00101. A duplicate of this sheet is enclosed for this purpose.

Respectfully submitted.

Edward J. Lynch

Registration No. 24,422

Attorney for Applicants

Duane Morris LLP One Market Spear Tower, Suite 2000.

San Francisco, CA 94105 Telephone: (415) 957-3000

Facsimile: (415) 957-3001 Direct Dial: (415) 957-3067

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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Examiner: Uyen T. Ho

Sirhan et al.

Group Art Unit: 3731

For:

METHOD AND DEVICE FOR THE TREATMENT OF VULNERABLE

**TISSUE SITE** 

Serial No.: 10/621,126

SUPPLEMENTAL AMENDMENT AND RESPONSE TO OFFICE

Filed: July 16, 2003

**ACTION MAILED 02/01/2007** 

Atty. Docket No.: R0378-00101

CERTIFICATE OF MAILING PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this correspondence is being transmitted by facsimile at (571) 273-8300 addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Attn. Examiner Uyen T. Ho on\_

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed February 1, 2007, please amend the above-referenced application as follows:

Ø 003/017

MAY 0 2 2007

TAL TITLE TRANSPORT OF A STREET	PATENT
IN THE UNITED STATES PATENT AND 1 In re the application of Sirhan et al.	TRADEMARK OFFICE ) Examiner: Uyen T. Ho )
For: METHOD AND DEVICE FOR THE TREATMENT OF VULNERABLE TISSUE SITE	ý Group Art Unit: 3731 ) )
Serial No.: 10/621,126	) TRANSMITTAL
Filed: July 16, 2003	) —————
Atty. Docket No.: R0378-00101	)
CERTIFICATE OF MAILING/FACSIMILE PURSUA I hereby certify that these papers are being sent by facsimile to (571) 273-8300, addresse Commissioner for Patents, P.O. Box 1450, Secandria, VA-72313-1450, on	dia Esperimentiani Transitati di Santini

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

- Transmitted herewith for filing in the above-identified patent application is an 1: Supplemental Amendment And Response to Office Action Mailed 02/01/2007.
- Claim Fee Calculation 2.

No additional claim fee is required.

Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation							
	Tee Code	Claims	Extra	Rate	Fee		
Independent Claims	2201	1 - 6 =	0 x	\$100=	\$-0-		
Total Claims	2202	10 - 94 =	0 x	\$25=	\$-0-		

3. Payment of Fees

 $\mathbf{X}_{-}$ 

There is no fee due. Should the commissioner find otherwise, the Commissioner is authorized to charge the fees associated with this communication and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0378-00101. A duplicate of this sheet is enclosed for this purpose.

Respectfully submitted,

Edward J. Lynch

Registration No. 24,422 Attorney for Applicants

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